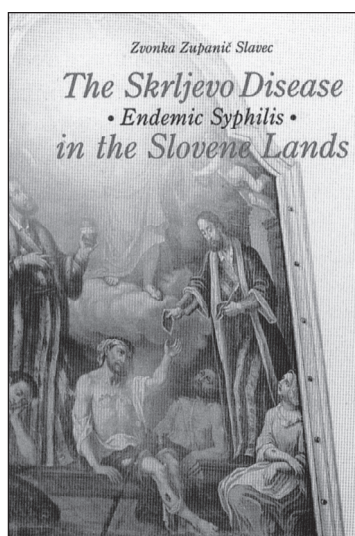


Zvonka Zupanič Slavec

THE SKRLJEVO DISEASE IN THE SLOVENE LANDS

Klagenfurt – Ljubljana – Wien, Mohorjeva družba, Hermagoras, 2005



Škrljevo disease is an endemic syphilis that first appeared on the Croatian coast around 1790, and greatly affected the area of Rijeka and Quarnero and villages inland. The disease spread south to Dubrovnik and north to Trieste and Slovenia. The likely vectors of *Treponema pallidum* were soldiers and merchants coming from Turkey. They also brought it to inland Croatia and Bosnia, while it probably spread to the former Carniola along merchant routes.

The Archives of Slovenia hold the original, still unpublished collection of documents related to Škrljevo disease on Slovene territory between 1810 and 1850. Data obtained from original records helped us to reconstruct the events, for which we found confirmation in secondary literature.

Škrljevo disease mostly affected peasants in areas of low income, high illiteracy and high newborn death rates. The disease was common among young adults and children, spreading quickly in the family. Its transmission was mainly asexual and was favoured by a low standard of living, including hygiene. Its clinical picture does not differ from sporadic syphilis, but for a while the disease was thought not to have primary signs and symptoms, let alone to affect the cardiovascular and central nervous system. Physicians of the time were divided in two groups; the dualists who claimed that the disease was a mixture of syphilis, leprosy, scabies, tuberculosis and alike, and the unitarians who recognised its resemblance to, and eventually identified it with syphilis.

After nearly half a century, both groups agreed that Škrljevo disease was an extragenital type of syphilis. Fortunately, the differing aetiological views did not have any influence on the treatment, since all agreed that therapy against syphilis was the most efficient. The theory about a disease in its own right was supported by some of the most prominent physicians of the time. J. P. Frank, the father of social medicine, J. B. Cambieri, head of the Škrljevo Hospital in Rijeka (Fiume), and A. Jevnikar, a Ljubljana physician who worked in Trieste and who vigorously addressed the issue.

No precise data are available about the morbidity of Škrljevo disease in Carniola. However, archive records of 1817-1822 give a good insight into the extent of the epidemic. A Viennese physician Andrej Baron Stifft was the first to come up with a treatment programme to counter Škrljevo disease, which included physical examination of the entire population of the epidemic area, hospital treatment of the sick and suspects, and thorough cleansing of the homes of the sick. The programme is an excellent example of preventive treatment at the beginning of the 19th century. This radical approach succeeded in breaking the vicious circle of infections and, in a little less than half a century of systematic implementation, managed to slow down the epidemic. In the summer of 1818, a specialised hospital was opened in Postojna, Slovenia to treat Škrljevo disease using all kinds of medicine, including mercurial preparations. This in turn raised the issue of mercurialism, which was duly acknowledged by physicians, but could not be avoided. In ten years of the Škrljevo Hospital in Postojna, systematic visits were organised to areas hit by the epidemic, and the disease gradually lost momentum. The population was no longer as afraid as it used to be. In 1828, the hospital in Postojna closed down and the remaining patients were moved to regular civil hospitals, mainly in Ljubljana. Eventually, the use of efficient measures and improved living conditions eradicated Škrljevo disease from Slovenia.

Ksenija Slavec